

**PART B - FEE(S) TRANSMITTAL**

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

10/26/2004



Charles C Valauskas  
Baniak Pine & Gannon  
150 North Wacker Drive  
Suite 1200  
Chicago, IL 60606  
02/01/2005 MULGE2 00000020 500930 10089823

01 FC:2501 15.00 DA 685.00 DP

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Charles C. Valauskas   (Depositor's name)
<i>Charles C. Valauskas</i>   (Signature)
January 25, 2005   (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/089,823	04/03/2002	Nicholas D Hutchins	2520/3	5596

TITLE OF INVENTION: MODULES FOR ELONGATED LIGHTING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$0	\$685	01/26/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
NEGRON, ISMAEL		2875	362-249000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
2 **Baniak Pine & Gannon** \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **50-0930** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Charles C. Valauskas*

Date **January 25, 2005**

Typed or printed name

Registration No. **32,009**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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<b>TRANSMITTAL FORM</b>		Attorney Docket No.	2520/20
		Application Number	10/089,823
		Filing Date	April 3, 2002
		First Named Inventor	Hutchins
		Group Art Unit	2875
		Examiner	Negron

**ENCLOSURES (check all that apply)**

<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Assignment Papers (for an Application)	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
	<input type="checkbox"/> After Final	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
	<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/>	After Allowance Communication to Group	<input type="checkbox"/>	Proprietary Information
		<input type="checkbox"/>	Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/>	
<input type="checkbox"/>	Status Letter	<input type="checkbox"/>	To Convert a Provisional Application	<input type="checkbox"/>	
<input type="checkbox"/>	Extension of Time Request (duplic)	<input type="checkbox"/>	Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/>	Additional Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment Request	<input type="checkbox"/>	Terminal Disclaimer	<input checked="" type="checkbox"/>	Part B – Fee Transmittal
<input type="checkbox"/>	Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/>	Small Entity Statement	<input checked="" type="checkbox"/>	Post Card Receipt
<input type="checkbox"/>	Certified Copy of Priority Document(s)	<input type="checkbox"/>	Request of Refund	<input checked="" type="checkbox"/>	\$685.00 Check
<input type="checkbox"/>	Response to Missing Parts/ Incomplete Application	<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.		

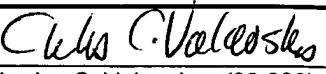
**CALCULATION OF FEE**

						Small Entity		Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Or	Rate	Add'l Fee
Total		Minus		0	x \$9=	0		x \$18=	
Indep.		Minus		0	x \$42=	0		x \$84=	
First Presentation of Multiple Dep. Claim					+\$140=	---		+ \$280=	
					total add'l fee	\$ 0	total add'l fee	\$ 0	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Charles C. Valauskas Registration No. 32,009 Baniak Pine & Gannon 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature			Date
			January 25, 2005

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450			
Signature			Date
	Charles C. Valauskas (32,009)		January 25, 2005